

AUTHORIZATION FOR LONG TERM CARE PROVIDER PORTAL ACCESS

The Bureau of Health Care Services (BHCS) will accept Plan of Correction data submissions from the current Administrator of the facility and ONE additional person who MUST be authorized by the current Administrator.

By signing and submitting this document the Administrator is stipulating to the following:

- 1) The person identified (Submitter) below is approved to register for access to their facility in the Long Term Care Provider Portal (LTC PP) via the Michigan Single Sign-On (SSO) system and to submit data approved by the current administrator.
- 2) Authorizes the Submitter to enter the Administrator name as an electronic signature on the LTC PP to certify that the Plan of Correction being submitted is accurate and approved by the Administrator.
- 3) The Administrator **MUST** notify the Long Term Care Division Secretary, Cindy Landis, in writing if the Submitter is no longer authorized to submit data for their facility and request the account be disabled.

Facility Name _____

Facility ID _____

Additional User Name _____

User Contact Phone _____ User Contact Email _____

Additional User SSO Username _____

Facility Administrator Name (Printed) _____

Facility Administrator Signature

Date

Submit the completed form as an attachment to: landisc@michigan.gov or Fax to 517-241-2635 Attention: Cindy Landis

Revised 09/26/13